

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 143-78
Registered No. 78

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 28 Stoner Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jose Valediez

3. Sex of Child

To be answered ONLY
in event of plural
births.

Male

4. Twin, triplet or other.

6. Legitimate?

yes

7. Date of birth Feb. 11-1929
Month Day Year

8. FATHER

Full name

Ignacio Valediez

9. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona.

10. Color or race

Mex.

11. Age at last birthday 22 (Years)

12. Birthplace (city or place)

(State or country)

Zacatecas
Mex.

13. Occupation

Nature of industry

Tailor

14. MOTHER

Full maiden name

Erlinda Ruiz

15. Residence

(Usual place of abode)

Miami,

If non-resident, give place and state.

Arizona.

16. Color or race

Mex.

17. Age at last birthday 22 (Years)

18. Birthplace (city or place)

(State or country)

Durango,
Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child.)

1

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

born alive
(Born alive or stillborn.)

at 6:30 A. M. on the date above stated.

Signature

Cyril M. Brown, M.D.

Physician

(Physician or midwife).

Given name added from
a supplemental report

Month, day, year

Address

Miami, Arizona

Filed

Feb 20, 29

19

Registrar

Registrar

159-211-599

order of birth stated.